



State of Wisconsin
Department of Administration
Bureau of Document Services
Document Sales and Distribution
PO Box 7840
Madison, WI 53707-7840
docsales@doa.state.wi.us
www.doa.state.wi.us/section.asp?linkid=1
DOA-3330 (R12/2002)

To Order:

For further information, please call (608) 266-3358
TTY (608) 264-8499. FAX: (608) 261-8150

Check or money order must be made payable to:
WI Department of Administration

Open Monday through Friday, 7:45 am to 4:30 p.m.

Inter-D Address:

DOA / 202 S. Thornton Ave / (name) / DocSales /

Document Sales Order**Ordered By:**

Name _____
Organization's Name _____
Street Address _____
P. O. Box _____
City, State and ZIP + 4 _____
Daytime Telephone (____) _____
E-mail Address _____

Ship To: (if different from above)

Name _____
Organization's Name _____
Street Address _____
P. O. Box _____
City, State and ZIP + 4 _____

Stock Number	Quantity	Description	Item Price	Total
29D		2006 WPAM Volume 1 Text	\$200.00	
30D		2006 WPAM Volume Divider Tabs	\$ 8.00	
26D		WPAM Volume 2 Text and Divider Tabs	\$517.20	
28D		2006 WPAM Revision and Supplement – Includes Volume 2 Modifiers	\$120.00	

State Government Customers Only	
General Services Billing Information	
Customer Use Code	
Optional Data	
Optional Order Number	
Authorized Signature:	

Credit Card Customers Only	
Long Distance: 1-800-DOC SALE (362-7253) Local: 264-9419	
<ul style="list-style-type: none">Orders by phone are accepted when purchases are made with VISA or MasterCardInclude credit card account number, signature, and credit card expiration date.	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit Card Number	
Expiration Date (mm/dd/ccyy)	
Signature	

Subtotal	
Add 5% state sales tax (WI residents only)	
Add 0.5% WI county sales tax if applicable	
Add 0.1% or 0.5% stadium tax if applicable	
Total	

Your order is subject to return if there are errors on the order form and/or an incorrect amount due was submitted. Please, call for assistance at (608) 266-3358.

For Office Use Only	
Date (mm/dd/ccyy)	CSR
Order No.	Customer No.
Approval No.	New Exp. Date (mm/dd/ccyy)
Amount Paid	
Payment Type <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> V/MC <input type="checkbox"/> GSBS <input type="checkbox"/> FR	